

## APPLICATION FOR EMPLOYMENT

Division of Rehabilitation Services Personnel Office 2301 Argonne Drive Baltimore MD 21218 410-554-9393

| MSDE OFFICE USE ONLY        |
|-----------------------------|
| Approved □<br>Disapproved □ |
| Ranking:                    |
| Education:                  |
| Experience:                 |
| Reason:                     |
| Ву:                         |

| 410-554-9393 410-554-9399 (TTY) 410-554-9397 (FAX) http://marylandpublicschools.org Applicants with a disability who need special arrangements/accommodations should call 410-554-9393 (voice) or 410-554-9399 (TTY) |                     |           |            |       |                           |            |             |                                  |
|--|---------------------|-----------|------------|-------|---------------------------|------------|-------------|----------------------------------|
| SOCIAL SECURIT   | Y NUMBER            |           |            | -     |                           | -          |             |                                  |
| POSITION APPLYING FOR (Print or type all information. A separate application is required for each title.)  |                     |           |            |       |                           |            |             |                                  |
| Position Title Position Number   |                     |           |            |       |                           |            |             |                                  |
| Available for employment which   | n is: Full-time     | _ Part-ti | ime        | Tem   | porary                    | _ Contr    | actual      | -                                |
|  | NAME A              | ND CONT   | ACT INFO   | RMA   | TION                      |            |             |                                  |
| Last Name Fir  |                     | Middle    | Home Pho   |       |                           | Busines    | s Phone     |                                  |
| Street Address Cell Phone  |                     |           |            |       |                           |            |             |                                  |
| City Sta   | ate Z               | Zip Code  | Email Add  | dress |                           |            |             |                                  |
|  |                     | FDH       | CATION     |       |                           |            |             |                                  |
| Do you have a high school diplo  | ma or GED? Yes      |           |            | what  | is the higher             | st grade t | hat you con | npleted?                         |
| Do you have a high school diploma or GED? Yes No If not, what is the highest grade that you completed? School: Address (City, State):  |                     |           |            |       |                           |            |             |                                  |
| Dates Attended: Major course of study:   |                     |           |            |       |                           |            |             |                                  |
| COLLEGE AND GRADUATE SCHOOL EDUCATION  |                     |           |            |       |                           |            |             |                                  |
| NAME and LOCATION OF SCHOOL Please provide city and state  | L(S) Dates Attended | MAJOR     |            |       | # of Credits<br>Completed | Туре       | of Degree   | Degree<br>Earned?<br>(Yes or No) |
|  |                     |           |            |       |                           |            |             |                                  |
|  |                     |           |            |       |                           |            |             |                                  |
| CDE  | CIALIZED TO ADV     | DIC OD (  | T A COEC D | DI DX |                           | HE IOD     |             |                                  |
| SPECIALIZED TRAINING OR CLASSES RELEVANT TO THE JOB  Type of Program/Course(s) Company/School Dates Attended # of Credits Earned Diploma/Certificate Received?   |                     |           |            |       |                           |            |             |                                  |
| 71 - 5   | , ,                 |           |            |       |                           |            | , ,,,,,,,,, | •                                |
|  |                     |           |            |       |                           |            |             |                                  |
|  |                     |           |            |       |                           |            |             |                                  |
|  |                     |           |            |       |                           |            |             |                                  |
|  |                     |           |            |       |                           |            |             |                                  |

## EMPLOYMENT RECORD

- 1. Please list all work experience including armed forces, different jobs within the same organization, pertinent volunteer work, and part-time employment
- 2. Report your most recent work experience first.
- 3. MSDE reserves the right to verify employment records and use your former employers as references.
- 4. If more space is required, you may attach additional information to this Application.

| Date (Month/) From         | Year)<br>Γο                               | Years                   | Months         | Supervisor's Name and Title |   |                | Telephone |
|----------------------------|---|-------------------------|----------------|-----------------------------|---|----------------|-----------|
| Company Name and Address:  |   |                         |                |                             |   |                |           |
|                            |   |                         |                |                             |   |                |           |
| Job Title/Spec             | eific Duties:                             |                         |                |                             |   |                |           |
|                            |   |                         |                |                             |   |                |           |
|                            |   |                         |                |                             |   |                |           |
| D 11 (T)                   | D ( m'                                    |                         | ı              | T . G 1                     | N CD  | Reason for Lea |           |
| Full-Time                  | Part-Time                                 | No. of Hou<br>Worked Pe |                | Last Salary                 | No. of Persons<br>Supervised                            | ving           |           |
| D-4- (M-41-7               | V)  | V                       | M 41           | C                           | J 1 T:41 -  |                | T-11      |
| Date (Month/) From         | r ear)<br>To                              | Years                   | Months         | Supervisor's N              | Name and Title  |                | Telephone |
| Company Nar                | ne and Addr                               | ess:                    |                |                             |   |                |           |
|                            |   |                         |                |                             |   |                |           |
| Job Title/Spec             | cific Duties:                             |                         |                |                             |   |                |           |
|                            |   |                         |                |                             |   |                |           |
|                            |   |                         |                |                             |   |                |           |
|                            |   |                         |                |                             |   |                |           |
| Full-Time                  | Part-Time                                 | No. of Hou<br>Worked Pe |                | Last Salary                 | Last Salary No. of Persons Reason for Lea<br>Supervised |                | ving      |
|                            |   | 1                       | •              |                             | •   |                |           |
| ,                          | Date (Month/Year) Years Months<br>From To |                         | Supervisor's N | Name and Title              |   | Telephone      |           |
| Company Name and Address:  |   |                         |                |                             |   |                |           |
|                            |   |                         |                |                             |   |                |           |
| Job Title/Specific Duties: |   |                         |                |                             |   |                |           |
|                            |   |                         |                |                             |   |                |           |
|                            |   |                         |                |                             |   |                |           |
|                            |   |                         |                |                             |   |                |           |
| Full-Time                  | Part-Time                                 | No. of Hou<br>Worked Pe |                | Last Salary                 | No. of Persons<br>Supervised                            | Reason for Lea | ving      |

| Date (Month/<br>From  | /Year)<br>To   | Years            | Months                   | Supervisor's Name and Title |                              |                            | Telephone                  |
|---|--|------------------|--------------------------|-----------------------------|------------------------------|----------------------------|----------------------------|
| Company Name and Address:   |  |                  |                          |                             |                              |                            |                            |
| Job Title/Spe   | Job Title/Specific Duties:   |                  |                          |                             |                              |                            |                            |
|   |  |                  |                          |                             |                              |                            |                            |
|   |  |                  |                          |                             |                              |                            |                            |
| Full-Time   | Part-Time  |                  | of Hours<br>ked Per Week | Last Salary                 | No. of Persons<br>Supervised | Reason for L               | eaving                     |
| Date (Month/<br>From  | /Year)<br>To   | Years            | Months                   | Supervisor's N              | lame and Title               |                            | Telephone                  |
| Company Nat   | me and Addr  | ess:             |                          |                             |                              |                            |                            |
| Job Title/Spec  | cific Duties:  |                  |                          |                             |                              |                            |                            |
|   |  |                  |                          |                             |                              |                            |                            |
|   |  |                  |                          |                             |                              |                            |                            |
| E-11 Time   | Don't Time   | T <sub>No.</sub> | CII                      | T Colomy                    | Nf Domana                    | D for I                    | •                          |
| Full-1 ime  | Full-Time Part-Time No. of Hours Use Vorked Per Week No. of Persons Supervised Reason for Leaving Supervised   |                  |                          |                             |                              |                            |                            |
|   |  |                  | LICE                     | NSES AND CE                 | RTIFICATES                   |                            |                            |
| Announcement with, and a co   | If a license, certificate, or other authorization to practice a trade or profession is required as noted on the Position Announcement, complete the following section. All such requirements for licensing and certification must be complied with, and a copy of the license or certification must be submitted with this Application.  For teachers/administrators certificates, list type of certification. |                  |                          |                             |                              |                            |                            |
| Type of Licer   |  |                  | License Numb             |                             | Expiration D                 | ate Gra                    | inted by (Licensing Board) |
| Type of Licer   | Type of License Number   |                  |                          | per                         | Expiration D                 | ate Gra                    | inted by (Licensing Board) |
| Type of Licer   | nse License Number   |                  | per                      | Expiration D                | ate Gra                      | inted by (Licensing Board) |                            |
| Please submit a copy of relevant professional or trade licenses or certificates with this Application. For positions requiring a driver's license, please attach a copy of your license or write on a separate sheet of paper your driver's license number, class, state of issuance, and expiration. |  |                  |                          |                             |                              |                            |                            |
|   |  |                  | ADD                      | ATTIONAL INF                | ODMATION                     |                            |                            |
| ADDITIONAL INFORMATION  List any additional information that may help us evaluate your qualifications for the position applied for; i.e., special skills, computer programs, et cetera.   |  |                  |                          |                             |                              |                            |                            |
|   |  |                  |                          |                             |                              |                            |                            |
|   |  |                  |                          |                             |                              |                            |                            |
| Are you fluent in a language other than English? Yes No If yes, please list:  |  |                  |                          |                             |                              |                            |                            |

| How did you learn of this position?   |   |  |  |  |  |
|---|---|--|--|--|--|
| ☐ Baltimore Sun   | ☐ Washington Post   |  |  |  |  |
| ☐ Baltimore/Washington Afro American  | ☐ MSDE Website  |  |  |  |  |
| ☐ Local Publication (Specify):  | ☐ Professional Journal  |  |  |  |  |
| ☐ Employee Referral (Name):   | ☐ Other (Specify):  |  |  |  |  |
| ☐ Local School System   | ☐ Other Website (Specify):  |  |  |  |  |
|   |   |  |  |  |  |
| Have you ever been convicted of any violation of law other place of conviction, charge, and disposition of each case.   | rIFICATION/ACKNOWLEDGEMENT er than minor traffic violations? Yes No If yes, give date,  |  |  |  |  |
| NOTE: A conviction record will not necessarily bar you investigation.   | from employment, but you may be subject to a criminal background  |  |  |  |  |
| "Under Maryland law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector, or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100."  |   |  |  |  |  |
| NOTE: This provision does not apply to applicants for law enforcement positions pursuant to Labor and Employment Article Section 3-702(b) (Annotated Code of Maryland).   |   |  |  |  |  |
|   |   |  |  |  |  |
|   | TIFICATION  |  |  |  |  |
| by either the close of business on the closing date, or pos   | Ianagement Branch of the Maryland State Department of Education tmarked by the closing date, as specified on the Job Announcement a self-addressed, stamped envelope is attached. Notify the Human ame, address, or telephone number. |  |  |  |  |
| You must be legally authorized to work in the United State 1986.  | tes under the United States Immigration Reform and Control Act of   |  |  |  |  |
| You must meet all of the minimum qualifications to be eligible for appointment. Verification will be completed by the appointing authority. You may be tested for illegal drug use. If selected for a position in the Skilled or Professional Service, you may be given a medical examination to determine your ability to perform job-related functions.   |   |  |  |  |  |
| I hereby affirm this application contains no willful misrepresentation or falsifications and this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved, my name will be removed from the eligible list, and I will not be certified for employment in any position under the jurisdiction of the Department of Budget and Management. I am aware that a false statement is punishable under law by fine or imprisonment or both. |   |  |  |  |  |
| Signature   | Date  |  |  |  |  |

|   | (Domovo this section of the application prior to the interview process.)  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
|   | (Remove this section of the application prior to the interview process.)  |  |  |  |  |  |  |  |
| To further its commitment to equal opportunity employment, the State of Maryland requests applicants to voluntarily provide the following information. This information will be used for statistical purposes only by authorized personnel. |   |  |  |  |  |  |  |  |
| Birth Date: Mor   | // Male Female Are you a U. S. citizen or legal alien? Yes No<br>nth/Day/Year   |  |  |  |  |  |  |  |
|   | RACE/ETHNIC IDENTIFICATION - PLEASE CHECK ALL THAT APPLY  |  |  |  |  |  |  |  |
| Are you of Hispanic or Latino origin? Yes No (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  |   |  |  |  |  |  |  |  |
| Select one or m   | Select one or more of the following categories:   |  |  |  |  |  |  |  |
| 1   | American Indian or Alaskan Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)   |  |  |  |  |  |  |  |
| 2   | Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.) |  |  |  |  |  |  |  |
| 3   | Black or African American (A person having origins in any of the black racial groups of Africa.)  |  |  |  |  |  |  |  |
| 4   | Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  |  |  |  |  |  |  |  |
| 5   | White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)   |  |  |  |  |  |  |  |

AFFIRMING EQUAL OPPORTUNITY IN PRINCIPLE AND PRACTICE